

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15931

State File No.

4908

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ONE WEEK
(Specify whether)
In this community. St. Louis
years, months or days

3. (a) PRINT FULL NAME EMMA DBLLE BUSH

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased. 3 7 1920
(Month) (Day) (Year)

8. AGE: Years 23 Months 2 Days 18 If less than one day
hr. min.

9. Birthplace. St. Louis mo.
(City, town or county) (State or foreign country)

10. Usual occupation. Stock Girl

11. Industry or business.

12. Name. Walter Bush

13. Birthplace. Starkville Miss
(City, town or county) (State or foreign country)

14. Maiden name. Mable Walter

15. Birthplace. Starkville Miss
(City, town or county) (State or foreign country)

16. (a) Informant. Mable Walter Bush

(b) Address. 3116 Hickory

17. (a) Burial (b) Date thereof. 6-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Father's Burial

18. (a) Signature of funeral director. Allen Davis

(b) Address. 3506 Franklin Ave

19. (a) MAY 2 - 1943 (b) J. F. Brudick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3116 Hickory
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 7 minute 15 P.

21. I hereby certify that I attended the deceased from May 22, 1943 to May 24, 1943
that I last saw him alive on May 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage (post operative) following fall out of bed at Peoples Hospital
Due to May 22, 1943 about 9:15 pm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 22, 1943

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work — (Specify type of place) Means of injury fall

23. Signature Walter Bush (M. D. or other) —

Address Peoples Hospital Date signed 5/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2698*

P. O. Address: *2469 Chen Tean*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.